

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

BOARD OF PROFESSIONAL LAND SURVEYORS

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@state.de.us</u>

REQUEST FOR APPROVAL OF PROFESSIONAL DEVELOPMENT HOURS

INSTRUCTIONS					
When to Submit					
require	Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Professional Land Surveyor license in Delaware. The Board must approve all educational courses. Either Delaware-licensed Professional Land Surveyors or program providers may submit a request.				
For full details on CE requirements, see Section 10.0 of the Board's Rules and Regulations.					
Board-approved courses are listed on the Board's website at <u>Approved Continuing Education Courses</u> .					
Documentation Required					
	☐ Submit completed request form.				
	☐ If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware-licensed Professional Land Surveyor submits the request, no fee is required.				
	☐ Enclose a <i>complete, detailed course schedule</i> showing the course objectives and typical timetable of the course, including all scheduled breaks.				
	☐ Enclose credentials (such as a resume or <i>curriculum vitae</i> (CV) for each presenter.				
REQUESTER COMPLETES THIS SECTION 1. Requester (check one): Course Provider Delaware Licensee 2. If you are a Delaware-licensed Professional Land Surveyor requesting approval of a course, enter:					
	If you are a Delaware-licensed Professional Land Surveyor requesting approval of a course, enter: Your Name: Delaware License #: <u>\$6</u>				
	none: Email: @	_			
3. E	nter the following information about the course provider: ourse Provider Name:				
	ontact/CE Coordinator: Email:				
	Address:				
	Street City State Zip code				
Р	none: Fax: Website:	-			
4. C	ourse Title:	-			
5. T	5. Type of Presentation: Online Live (seminar, classroom)				
6. D	ate(s) Offered:				

REQUESTER COMPLETES THIS SECTION (continued)				
7. List all course presenters: Enclose resume or curriculum vitae	PRESENTER NAME	TITLE		
(CV) for each presenter.				
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8. Total Professional Development Hours Requested (Excluding Breaks):				
Enclose a complete, detailed course schedule showing the course objectives and typical timetable of the course, including all scheduled breaks. Also, enclose credentials (such as a resume or curriculum vitae (CV) for each presenter.				
BOARD OFFICE COMPLETES THIS SECTION				
Board Approval Date:				
☐ Approved for hours of ☐ Online ☐ Live (seminar, classroom)				
☐ Tabled - Explain reason(s):				
☐ Denied – Explain reason(s) below.				
☐ Not directly related to professional growth.				
☐ Other:				